DEPARTMENT OF VETERANS AFFAIRS

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Veterans Health Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2009 Final	FY 2010 Enacted	FY 2011 Request[1]
Drug Resources by Function			
Treatment	$377.751	$389.839	$402.704
Research and Development	15.034	15.184	15.336
Total Drug Resources by Function	**$392.785**	**$405.023**	**$418.040**
Drug Resources by Decision Unit			
Medical Care	$377.751	$389.839	$402.704
Research and Development	$15.034	$15.184	$15.336
Total Drug Resources by Decision Unit	**$392.785**	**$405.023**	**$418.040**

Drug Resources Personnel Summary			
Total FTEs (direct only)	2,764	2,764	2,764
Drug Resources as a Percent of Budget			
Total Agency Budget (in Billions)	$ 99.793	$ 114.035	$ 125.004
Drug Resources Percentage	0.39%	0.36%	0.33%

[1]FY 2011 amounts are enacted levels, provided through advance appropriations by Public Law. 111-118.

Program Summary

Mission

The Veterans Health Administration's (VHA) mission statement is "Honor America's Veterans by providing exceptional care that improves their health and well-being." Care for Veterans with mental illnesses and substance use disorders is an important part of overall health care. The goal of VHA's Office of Mental Health Services is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with substance use disorders and mental illness, for those who are vulnerable to substance use disorders, and for those who are in continuing care to sustain recovery.

Consistent with ONDCP guidance, programs and costs described herein will be limited to those services provided in SUD Specialty Treatment.

Methodology

Specialized Treatment Costs

VA's drug budget includes all costs generated for the treatment of patients with drug use disorders treated in specialized substance abuse treatment programs. This budget accounts for drug-related costs for VHA Medical Care and Research. The costs do not include those for treatment of substance disorders in general mental health care settings or in other non-specialty SUD programs. It does

not encompass all of drug-related costs for the agency. VA incurs costs related to accounting and security of narcotics and other controlled substances and costs of law enforcement related to illegal drug activity; however, these costs are assumed to be relatively small and would not have a material effect on the aggregate VA costs reported.

As of this submission, Sustained Treatment & Rehabilitation (STAR) program costs have been removed from medical care and treatment actual and estimates for all years. This category has been deleted because these programs serve a broad category of Veterans with significant mental health problems. Although STAR programs, no doubt, include some Veterans with chronic drug abuse or dependence problems, they are not specific to this type of care. As a result, the resource summary reflects this change to the inpatient costs.

Decision Support System
The funding levels are based on costs using the Decision Support System (DSS) which is the official Managerial Cost Accounting System for VA. DSS maps cost to departments, which are then assigned to one of 56,000 intermediate products using Relative Value Units (RVU). Relative Value Units are defined as the determining factor of how much resources it takes to produce an intermediate product. Each Cost Category, for example Fixed Direct Labor or Variable Labor, has an RVU for each intermediate product. All intermediate products are assigned to an actual patient encounter, either inpatient or outpatient, using the patient care data bases. In DSS, the costs are not averaged; rather they are reported by the total of the encounters and can be drilled down to a specific patient. Also, DSS includes all overhead costs assigned to a facility to include Headquarters, National programs and Network Costs. DSS does not include the costs of capital expenditures; however, it does account for depreciation costs.

Budget

For FY 2011, VHA estimates $418.0 million, which is an increase of $13.0 million from the FY 2010 enacted level.

Medical Care

Total FY 2011 Request: $402.7 million
(Reflects $12.8 million increase from FY 2010)

The Veterans Health Administration, in keeping with modern medical practice, continues to improve service delivery and to provide clinically appropriate care by expanding delivery of substance use disorder services in primary care and shifting delivery of substance use disorder services to ambulatory settings when this is medically appropriate. Within services for Veterans with substance use disorders, this has involved a substantial shift over the past 20 years or so from inpatient to outpatient and residential care settings.

Efforts are continuing to integrate care. Increasingly, mental health and substance use services are being provided in primary care and in non-substance use disorder specialty mental health treatment settings. As a result of this integration of substance use services with other components of care, it is increasingly difficult to disaggregate the costs of care for substance related conditions from costs for other components of care. Accordingly, it must be recognized that the above figure represents solely the cost for care in substance use disorder specialty settings.

Reaching Special Populations

The Uniform Mental Health Services Handbook, approved by the Under Secretary of the Veterans Health Administration on September 11, 2009, specifies substance use disorder services that must be made available to all Veterans in need of them. Secondary prevention services are highlighted among these and include diagnosis and assessment of possible drug abuse problems in patients who receive care in VA mental health clinics or whose presenting medical problem suggests risk of substance abuse (e.g. treatment for Hepatitis C or HIV or care provided in an emergency department for trauma).

Three special populations are targets of particular VA substance use disorder prevention and treatment efforts: service members returned from Iraq and Afghanistan and eligible for VHA services; patients receiving care in Mental Health Residential Rehabilitation Treatment Programs (MH-RRTPs); and patients having Post Traumatic Stress Disorder.

Returning Veterans from OEF/OIF. Interagency efforts with the Department of Defense are underway to assure that newly redeployed Veterans who are referred to VA based on results of their Post Deployment Health Reassessment (PDHRA) are seen quickly by VHA and that results of the PDHRAs are available to mental health care providers in VA.

Patients in Residential Rehabilitation Treatment Programs. VHA offers care in Mental Health Residential Rehabilitation Treatment Programs (MH-RRTPs) to Veterans suffering a range of mental health concerns. Many of these programs are designated as "Substance Abuse RRTPs" and focus on substance use disorder services. Patients receiving care in other types of MH-RRTPs also typically have substance use disorder diagnoses and are at risk for relapse. VHA is now providing each of its "non-Substance Abuse" MH-RRTPs (that average a census of at least 40 patients) a full time substance use disorder specialist to provide a range of substance use disorder clinical services. These services include substance abuse specific treatment while in the MH-RRTP, relapse prevention services, and arrangement of substance abuse treatment follow-up services after MH-RRTP discharge.

Patients with Post Traumatic Stress Disorder. In light of the frequent co-occurrence of substance use disorder problems with Post Traumatic Stress Disorder, VHA is also assigning a full time substance use disorder specialist to each of its hospital-level PTSD services or teams. The staff person is an integral member of the PTSD clinical services team and works to integrate substance use disorder care with all other aspects of PTSD-related care. Among the position's responsibilities are identification of Veterans in the early stages of a substance use disorder or who are at risk for developing a problem and provision of services to prevent substance abuse.

Increased Treatment Capacity in Targeted Areas

Access to care is also emphasized by the Uniform Mental Health Services Handbook and, as noted, the Handbook commits the VA to providing substance use disorder treatment services to every eligible Veteran regardless of where he or she lives. Additionally, the Handbook specifies that a contact be made by the substance use

disorder program within 24 hours of the time care is sought and that a comprehensive assessment be made within 14 days of the initial contact. To further enhance access to substance use disorder treatment, clinics offering these services must offer evening or weekend hours.

Treatment across the Criminal Justice System – Guiding the Effectiveness of Drug Courts

Interaction with Veterans served by Drug Courts will occur through the Veterans Justice Outreach (VJO) initiative. The Uniform Mental Health Services Handbook affirmed that "Police encounters and pre-trial court proceedings are often missed opportunities to connect Veterans with VA mental health services as a negotiated alternative to incarceration or other criminal sanctions." On April 30, 2009, the Under Secretary for Health released "Information and Recommendations for Services Provided by VHA Facilities to Veterans in the Criminal Justice System" (IL 10-2009-005), stating that justice-involved Veterans (who are not incarcerated) are as eligible for VA services as those without justice involvement. On May 27, 2009, the Deputy Under Secretary for Health for Operations and Management issued a memorandum requiring VA medical centers to provide outreach to justice-involved Veterans in the communities they serve.

In communities where justice programs relevant to Veterans exist (Veterans Courts, Drug Courts, Mental Health Courts, and police Crisis Intervention Teams), VA will take the initiative in building working relationships to assure that eligible justice-involved Veterans get needed care. In communities where no such programs exist, VA will reach out to potential justice system partners (judges, prosecutors, police and jail administrators) to connect eligible justice-involved Veterans with VA services.

Currently, the VA participates in eight Veterans Court programs located in Santa Ana, CA, Buffalo, NY, Anchorage, AK, San Bernardino, CA, Santa Clara, CA, Chicago, IL, Rochester, NY, and Tulsa, OK. Elsewhere, VA medical centers have established relationships with a range of justice system and community partners, including police and sheriffs' departments, local jail administrators, judges, prosecutors, public defenders, probation officers, and community mental health providers.

FY 2011 Total Changes (+$13.0 million): The changes are the result of anticipated cost for pay raises and inflation. The majority of VHA's funding goes to support outpatient and residential rehabilitation and treatment services. The Department of Veterans Affairs, through its Veterans Health Administration, operates a national network of substance abuse treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics.

Research and Development

Total FY 2011 Request: $15.3 million
(Reflects $0.2 increase from FY 2011)

VHA research supports generation of new knowledge to improve prevention, diagnosis, and treatment of substance use disorders as well as to heighten effectiveness, efficiency, accessibility, and quality of Veterans' health care.

Research & Development currently has

ongoing projects on drug and alcohol abuse. Topics of investigation range from alcoholism, aging, and brain functions to cognitive factors and relapse in chronic alcoholism to donepezil effects on cocaine craving and pharmacokinetics to neurobehavioral effects of cocaine.

FY 2011 Total Changes (+$0.2 million): The changes are the result of anticipated pay raises and inflation.

Performance

This section on the FY 2009 performance is based on agency Government Performance and Results Act (GPRA) documents, an OMB assessment, and other agency information. The table includes performance measures, target and achievement for the latest year for which data are available. VHA reports performance for two separate drug-related initiatives: (1) health care and (2) research and development.

VHA has in place a national system of performance monitoring that uses social, professional, and financial incentives to encourage facilities to provide the highest quality health care. This system has begun to incorporate performance measures related to substance use disorder treatment.

The dollars expended in VHA research help to acquire new knowledge to improve the prevention, diagnosis, and treatment of disease. These funds also generate new knowledge to improve the effectiveness, efficiency, accessibility, and quality of veterans' health care.

Veterans Health Administration		
Selected Measures of Performance	**FY 2009 Target**	**FY 2009 Achieved**
Medical Care		
» Percent of clients receiving appropriate continuity of care	47%	52%
Research and Development		
» Number of research studies related to substance use disorder	5	20
» Number of research studies related to alcohol abuse	5	45
» Number of research studies related to both substance use disorder and alcohol abuse	NA	10

Discussion

VA provides three types of 24-hour-a-day care to patients having particularly severe substance use disorders. Two inpatient programs offer acute care, detoxification, and initial stabilization services. Such specialized inpatient treatment for substance use disorders has become rare in VA, just as it has in other parts of the healthcare system, and the remaining substance use disorder inpatient programs in the VA are currently in the process of transitioning into residential rehabilitation programs. These join the large set of 24-hour care settings already classified as residential rehabilitation treatment programs. Finally, 24-hour care is provided

for detoxification in numerous inpatient medical and general mental health units throughout the VA system.

Most veterans with substance use disorders are treated in outpatient programs. Intensive substance use disorder outpatient programs provide more than three hours of service per day to each patient, and patients attend them three or more days per week. Standard outpatient programs typically treat patients for an hour or two per treatment day, and patients attend one or two days a week.

In FY 2009, VHA provided services to 114,457 patients with a drug diagnosis, of whom 38 percent used cocaine, 19 percent used opioids, 23 percent used cannabis, and 75 percent had coexisting psychiatric diagnoses. (These categories are not mutually exclusive.)

VHA is steadily expanding the availability of opioid agonist treatment for opioid-dependent veterans. A total of 189 points of care offer buprenorphine treatment, which reflects an increase of 41 new sites in the past year.

VA has implemented a major initiative to create primary care-oriented buprenorphine clinics to increase access to care for opiate-dependent veterans. VA is in the process of implementing initiatives to expand access to intensive outpatient services and to include substance use disorder specialists in large community-based outpatient clinics, mental health residential rehabilitation programs, and services for homeless veterans.

Data collected using the 2008 *Drug and Alcohol Program Survey* (DAPS) was made available in FY 2009 and showed that VA expanded the scope, intensity, and accessibility of substance use disorder treatment services since the comparable 2006 DAPS survey. At the end of Fiscal Year 2008, the Department of Veterans Affairs operated a national network of 260 substance use disorder treatment programs located in the Department's medical centers, mental health residential rehabilitation treatment programs and outpatient clinics.

Current programs consist of 2 medical inpatient programs, 73 residential rehabilitation programs, 112 intensive outpatient programs, and 73 standard outpatient programs. (It should be noted that identification of these programs involves a "roll up" procedure. Lower intensity programs are not counted separately from a higher intensity level program if the lower level intensity program functions as an integrated component of the higher intensity program.)

Based on on-going assessment activities, as of the end of 2009, 12 additional intensive outpatient substance use disorder programs have been added since the 2008 DAPS.

VA is currently conducting a one-year demonstration study at 41 intensive outpatient substance use disorder treatment programs to anticipate and resolve issues that would surround system-wide utilization of the Brief Addiction Monitor (BAM). Efforts involved in the study include monthly conference calls with staff of the demonstration sites, ongoing consultation between them and the VA Center of Excellence for Substance Abuse Treatment and Education in Philadelphia,

development of tool kits and responses to "Frequently Asked Questions." An electronic reminder in the medical record has been developed to alert substance use disorder treatment providers to administer the BAM.